



Town of Marion  
Two Spring Street  
Marion, Massachusetts 02738

*All information must be typed or printed in readable writing. Unreadable applications will be discarded.*

## Personal Information

1. Date of Application: \_\_\_\_\_
2. Position Applying For: \_\_\_\_\_
3. Name: \_\_\_\_\_  
Last First Middle
4. Telephone Number: Home: \_\_\_\_\_  
Area Code / Number  
Daytime: \_\_\_\_\_
5. Address: \_\_\_\_\_  
Number Street Apartment Number  
\_\_\_\_\_  
City/Town State Zip Code
6. Driver's License Number: \_\_\_\_\_  
Class/Number/State
7. If hired, can you provide proof that you are legally authorized to work in the United States? ☐ YES ☐ NO
8. Are you under 18 years of age? ☐ YES ☐ NO If yes, can you furnish a valid employment permit if hired? ☐ YES ☐ NO
9. Have you ever been employed by the Town before? ☐ YES ☐ NO  
If yes, when? \_\_\_\_\_ In which department? \_\_\_\_\_
10. Do you have an immediate family member (i.e. spouse, mother, father, sibling, or child) working for the Town of \_\_\_\_\_?  
☐ YES ☐ NO  
If yes, Employee's Name: \_\_\_\_\_ Department: \_\_\_\_\_

## Education

Name / Location	Course of Study	# of Years Completed	Did you graduate?	Type of Degree(s)
High School			<input type="checkbox"/> YES <input type="checkbox"/> NO	
College			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Graduate School			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Business/Technical			<input type="checkbox"/> YES <input type="checkbox"/> NO	

**11.** Do you possess the following skills? Please list in detail all that apply.

Specialized Training?    ☐ YES    ☐ NO    Name of Training/Course: \_\_\_\_\_

Professional Licenses?    ☐ YES    ☐ NO    Licenses: \_\_\_\_\_

Professional Memberships? ☐ YES    ☐ NO    Name of Organizations: \_\_\_\_\_

Computer Software?    ☐ YES    ☐ NO    Name of Programs: \_\_\_\_\_

Office Equipment?    ☐ YES    ☐ NO    Describe Equipment: \_\_\_\_\_

If more room is required, an additional sheet may be attached.

## Employment History

*List present employer first. A resume or supplemental sheet may be included, however, this section must be completed.*

**12.** Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Job title: \_\_\_\_\_

Worked From: \_\_\_\_\_ To: \_\_\_\_\_

Immediate Supervisor's Name and Job Title: \_\_\_\_\_

Salary: \_\_\_\_\_

May we contact this employer? ☐ YES ☐ NO

Describe the work you performed: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

**13 .** Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Job title: \_\_\_\_\_

Worked From: \_\_\_\_\_ To: \_\_\_\_\_

Immediate Supervisor's Name and Job Title: \_\_\_\_\_

Salary: \_\_\_\_\_

May we contact this employer? ☐ YES ☐ NO

Describe the work you performed: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

**14 .** Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Job title: \_\_\_\_\_

Worked From: \_\_\_\_\_ To: \_\_\_\_\_

Immediate Supervisor's Name and Job Title: \_\_\_\_\_

Salary: \_\_\_\_\_

May we contact this employer? ☐ YES ☐ NO

Describe the work you performed: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

**15 .** Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Job title: \_\_\_\_\_

Worked From: \_\_\_\_\_ To: \_\_\_\_\_

Immediate Supervisor's Name and Job Title: \_\_\_\_\_

Salary: \_\_\_\_\_

May we contact this employer? ☐ YES ☐ NO

Describe the work you performed: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

If more room is required, an additional sheet may be attached.

## References

*Please provide professional and/or business references only. Note that references listed in this section will be contacted.*

**16. Reference #1**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Business Position: \_\_\_\_\_ Telephone \_\_\_\_\_ Home: \_\_\_\_\_

Work: \_\_\_\_\_

**17. Reference #2**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Business Position: \_\_\_\_\_ Telephone \_\_\_\_\_ Home: \_\_\_\_\_

Work: \_\_\_\_\_

**18. Reference #3**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Business Position: \_\_\_\_\_ Telephone \_\_\_\_\_ Home: \_\_\_\_\_

Work: \_\_\_\_\_

**19. Reference #4**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Business Position: \_\_\_\_\_ Telephone \_\_\_\_\_ Home: \_\_\_\_\_

Work: \_\_\_\_\_

**20. How did you learn about the job for which you are applying?**

☐ Walk-in

☐ Town Employee

☐ Newspaper; title \_\_\_\_\_ ☐ Professional Journal; title \_\_\_\_\_

☐ Posted Town Bulletin \_\_\_\_\_ ☐ The Internet \_\_\_\_\_

***The Town of Marion is an Affirmative Action / Equal Employment Opportunity Employer***

## Agreement

I authorize investigation of all statements contained in this application and the release of any pertinent information regarding my education, past employment history and background, excluding criminal offender record information. I authorize the Town of Marion to obtain any information from schools, employers or individuals relating to my activities. This information may include, but is not limited to: academics, achievement, performance, attendance, personal history and discipline. Further, I hereby authorize all references, persons, schools, my current employer (if applicable) and previous employers and organizations named in this application, unless otherwise stated, to provide the Town of Marion any relevant information that may be required to arrive at an employment decision. I understand that the information released is for the Town of Marion's use only.

I hereby voluntarily release, discharge and exonerate the Town of Marion, its agents and representatives, and any person so furnishing information from any and all liabilities of every nature and kind arising out of the furnishing or inspection of such documents, records and other information or the investigations made by or on behalf of the Town of Marion.

I understand that all appointments are probationary and that I must demonstrate my ability for continued employment. I also understand that I must be available from time to time to work outside normal business hours, as the needs of the department require.

If required for the position I am seeking, I agree to take a physical examination, which may include testing for drugs or a psychological examination, as required, and recognize that any offer of employment may be contingent upon the results of such an examination.

I understand that any employment offer by the Town is conditional upon my ability to establish employment eligibility under the Immigration Reform and Control Act of 1986 within three days of the date of hire.

I represent that I have read and fully understand the foregoing and seek employment under these conditions.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Discrimination against any person in any practice or procedure in advertising, recruitment, referrals, testing, hiring, transfer, promotion or any other term, condition or privilege of employment which limits or adversely affects employment opportunities, because of political or religious opinions or affiliations, or because of race, color, sex, gender identity, genetic information, sexual orientation, national origin, ancestry, marital status, military status, pregnancy, pregnancy-related conditions, age or disability which is unrelated to the person's occupational qualifications or any other non-merit factor which is not a bona fide occupational qualification, or any other protected class under the law, is prohibited.**

# Town of Marion Release

I \_\_\_\_\_ a candidate for the position of \_\_\_\_\_ hereby authorize the Town of Marion to investigate all statements in my application and to secure any necessary information from all my employers, references, and academic institutions. I hereby release all of those employers, references, academic institutions, and the Town of Marion from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with the Town of Marion.

I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my academic credentials and employment references. I further understand that any false or misleading statements will be sufficient cause for rejection of my application if the Town of Marion has not yet employed me and for immediate dismissal if the Town of Marion has employed me. I also authorize the Town to supply information about my employment record, in whole or in part, in confidence to any prospective employer, government agency, or other party having legal and proper interest, and I hereby release the Town of Marion from any and all liability for its providing this information.

In the event of my employment with the Town of Marion, I understand that I will be subject to and comply with all rules, regulations, and policies set forth in the Town of Marion Personnel Bylaw or other communications distributed by the Town of Marion.

I understand that nothing in this employment application, in the Town of Marion policy statements or personnel guidelines, or in my communications with any Town of Marion official is intended to create an employment contract between the Town of Marion and me. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the Town of Marion unless it is made in writing and signed by a Town of Marion official.

I hereby acknowledge that I have read and understand the preceding statement.

Signed: \_\_\_\_\_

[Signature of Applicant]

Date: \_\_\_\_\_